Disclosure Repo	ort Cover						Amer	Yes No
	al report and committee	nformat	ion, must be	signed a	and sub	mitted along with	other d	etailed forms.
Do not use this form to 1. Committee Informa								
a, Full Name	IIOII						C. I	ID Number
	fany McGee for Town C	ouncil						7JMN25
b. Mailing Address (include							d.]	Date Filed
3905 Waters Reach Ln Indian Trail, NC 28079			,					01/28/2016
maian tran, NC 2807	y						e. 1	Phone Number
								704 821 6577
2. Report Year 3.	Period Start Date (mm/c	ld/yy)	4. Period (mm/dd/yy)	End Dat	e	5. Treasurer Fu		le .
2015	01/01/2015		<u> </u>	31/2015		Nancy Lynn Jac	obsen	
6. Type of Committee			e of Report	(cl		ly one type of repo		
Candidate Campaign PAC	<u> </u>	Municip			State/C		Re	ferendum
Independent	Referendum		Organizationa			Organizational		Organizational
Expenditure	Joint Fundraiser		Thirty-five day	y	1	Quarterly		Pre-referendum
Legal Expense Fund 7. Type of Fund	f applicable, check one)		Pre-primary		П	First		Final RECEIVED
"Booster Fund"			Pre-election		Ħ	Second		Sunnlemental Final
Building Fund			Pre-runoff			Third		Annual JAN 29 2016
		_	Semi-annual			Fourth		Special
Other:			Mid Year Year End			Semi-annual Mid Year	10	Union Co. Board of Elections Special Report Name
Onici:			Final		H	Year End	10	. Special Keport Name
8. Number of Fundrais	ers this Report		Special			Final		
0						Special		
11. Account Information	on			11. Ac	count l	Information		
a. Financial Institution Full	Name					itution Full Name		
BB+T b. Purpose	c. Account Code			PayPa b. Purpo			1 <u>-</u>	hAG-d-
Checking	•			Online		ent	C.	. Account Code
	01			and re				02
	d. Period Begin Balance						d	. Period Begin Balance
	\$ 00.00						\$	0.00
CERTIFICATION				<u>. </u>			1	
	and that no funds are co rect and that I have been	mmingle	ed with proh	ibited or	other	non-disclosed fund	s. I fur	2D-22M of Chapter 163 of ther certify that this report
	rinted Name of Signer		$-\frac{\sqrt{s}}{s}$	ignature of	Appoint	ted Treasurer	01/20	B/2016 Date
FOR OFFICE USE ONL				10		Λ		
Date Received:	1/29/14		Employee:	K	acy	nun	Deliv	<u>very Method</u> Normal Mail
Date Postmarked:	428/14		Employee:	K	fai	inn		Registered Mail Hand Delivered
Date Scanned:			Employee:					Electronically Filed Signer has not received
Date Data Entered:	**************************************		Employee:	:				mandatory training
Please Note: This for						the committee add information.	ress, tr	reasurer, assistant treasurer,
Yo	u must amend the Stater	nent of (Organization	(CRO-2	2100A-	E) to make commi	ttee ch	anges.

Amendment

D.4.9.16			Amendment
Detailed Summary Use this form to summarize all disclosure reporting forms and	l to total monatory	information	Yes No
	Type of Report	miormation.	3. ID Number
	Semi-Annual Year	End	7JMN25
		F72 1 3 4 5 5	
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 351.93	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 175.00	\$ 1,215.00
6) Contributions from Individuals	(CRO-1210)	\$ 140.93	\$ 1,774.44
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 545.79	\$ 545.79
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	s
11b) Contributions from Not-for-Profit Organization	ıs <i>(CRO-1250</i>)	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	RECEIVED
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$ IAN 29 2016
			0.117 2 0 2010
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.01.70	Union Co. Board of Election
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	IId and IIe)	\$ 861.72	\$ 3,535.23
EXPENDITURES 13) Disbursements			
13) Disbursements 13a) Operating Expenditures	(CRO-1310)	\$ 458.13	\$ 2,501.20
13b) Contributions to Candidates/Political Committee		\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 165.00	\$ 165.00
17) In-Kind Contributions	(CRO-1510)	\$ 546.72	\$ 825.23
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 1,169.85	\$ 3,491.43
19) Cash on Hand at End (Add lines 4 and 12 together, then subtre	act line 18)	\$ 43.80	\$ 43.80
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$.	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	 \$
		.+	
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	· (CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

<u>1</u> of 3

Amendment

Yes 🖂

Nο

Optional form used to report NC Contributions From Individuals of \$50 or less

	mmittee Full N		2. ID Number				
	mittee to Elect		7JMN25				
3. Co	ntributor Info						
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy)	y)	f. Amount
Ц_	Add	— 01	Website		10/26/20	115	\$ 50.00
<u> </u>	Remove		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10/20/20		\$ 50.00
<u> </u>	Add	— 01	Website		10/26/20	315	\$ 50.00
	Remove				15,20,20		\$ 50.00
	Add Remove	02	PayPal		11/02/20	015	\$ 37.50
	Add	02	PayPal		11/02/20	115	0 27.50
	Remove	02	1 ayı aı		11/02/20)13	\$ 37.50
<u> </u>	Add	_					\$
<u>Ц</u>	Remove						3
<u> </u>	Add	_					\$
<u> </u>	Remove						J
<u> </u>	Add						\$
<u> </u>	Remove						
<u> </u>	Add						RECEIVE
<u> </u>	Remove						PLOLIVE
	Add	_					\$ JAN 2 9 2016
	Remove Add						27414 # 0 7010
H-	Remove	_					Union Co. Board of Election
 	Add			···			The state of Election
	Remove	-					\$
	Add						
\exists	Remove	-					\$
Ħ	Add		<u> </u>				
一一	Remove	· ·					\$
П	Add						
	Remove	7					\$
	Add						
	Remove	7	}				\$
	Add						
	Remove						\$
	Add						Ó
	Remove						\$
	Add						\$
	Remove						Φ
<u> </u>	Add	4					\$
-	Remove						Ψ
 	Add	4					\$
╡	Remove						*
<u> </u>	Add	4			1		\$
-	Remove Add	-					
	Remove						.\$
	al only this		\$	175.00			
	al of ALL C		\$ 175.00				
(musi be on Ime	o oj sommen sim	mmay rage CRO-1100j				

		m Individuals ividual contributions o	\$ 5(P _i		2 1205 is not	Yes	:
	The second section of the section of	(and Fund if applical) or contributions un	der \$50 H form CRC	2. ID Num	grante to the contract of the contract	
		y McGee for Town Co					7JMN25	
3. Contri	ibutor Informatio	on .	О	Add 🔲 R	emove			
	ne, Mailing Address é	& Phone		b. Job Title/Professio	n	d. Comments	i	
	city, state, & zip) ynn Jacobsen			Homemaker				
	ters Reach Ln			c. Employer's Name/S	Specific Field	ĺ		
	rail, NC 28079					-		
704 821 6	>577					e. Election Su		
						\$	426.89	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yyy	/y)	k. Amount	
	02	PayPal			10/29/20)15	\$	90.00
	01	Check	<u> </u>		11/30/2	015	\$	50.00
		Credit Car	Posta	age	10/26/2	015	\$.93
2000/00/00/00/00/00/00/00/00/00/00/00/00	ibutor Informatio	2012/2012/2012/2012/2012/2012/2012/2012			emove	F		
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Professio	n	d. Comments	<u>; </u>	
lineiane	tity, ouries at 22py	· · · · · · · · · · · · · · · · · · ·				f		
				c. Employer's Name/S	Specific Field	ĺ		
					ļ	e. Election Su	ım to Date	
						\$ D	Marines and a second	
	T	1	т				ECE	VED_
f, Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yyy	<i>(</i> (y)	JAN 29	2010
			-			Unio	n C o. Board	of Elections
							 \$	
	ibutor Informatio ne, Mailing Address &		Ш	Add Reb. Job Title/Professio	emove	d. Comments		
	ne, wianing Address o city, state, & zip)	х гионе		D, JUD TIME I DICOGIO		u. Comments	<u>, </u>	
					1			
				e. Employer's Name/S	Specific Field			
					ļ	e. Election Su	um to Date	
					•	\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy)	уу)	k, Amount	
						!	\$	
							\$	
						1	\$	
4. Total	only this Page	e				\$		140.93
	of ALL CRO	-1210 Pages Detailed Summary Page C	CRO-1101	n		\$		140.93

Amendment

Contributions from Other Political Committees

		1
1	of	1

nenament		
Yes	\boxtimes	No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full	2. ID Number					
Committee to Elec	t Tiffany McGee for Town Coun	OII		•		7JMN25
3. Contributor In	formation			nove		
a. Full Name, Mailing (include city, state, o Committee to Elec			b. Type of Committee Candidate Referendum	PAC	d. Com	ments
3905 Waters Reac Indian Trail, NC	h Ln		c. Level Registered (Specify) Federal	County:		
704 821 6577			State	Municipality:	e. Electi	ion Sum to Date
f. Account Code	g. Form of Payment	h, In-Kind	Description	i. Date (mm/dd/yyyy)	L	j. Amount
	Debit Card	Flyers		11/02/2015		\$ 171.08
						\$
						\$
3. Contributor In	formation		Add 🔲 Rer	nove		
a. Full Name, Mailing			b. Type of Committee		d. Com	ments
(include city, state,	& zip) ct Roger Fish Mayor		Candidate Referendum	☐ PAC		
3905 Waters Reac			c. Level Registered (Specify)	<u> </u>	
Indian Trail, NC			Federal	County:		
704 821 6577			State	Municipality:	e. Elect	ion Sum to Date
					\$	374.71
f. Account Code	g. Form of Payment		1 Description	i. Date (mm/dd/yyyy)	j. Amount
	Debit Card	Newspa		11/05/2015	5	\$ 87.50
	Debit Card	Postage Envelor		10/21/2015	5	\$ 129.75
	Debit Card	Flyer		10/21/2015	5	\$ 157.46
3. Contributor In				move		
a. Full Name, Mailing			b. Type of Committee	D DAG	d. Com	ments
(include city, state,	& zip)		Candidate Referendum	☐ PAC		
			c. Level Registered (Specify)		
			Federal Federal	County:		
			State	Municipality:	e, Elect	tion Sum to Date
					\$	
f. Account Code	g. Form of Payment	h. In-Kin	RECEIVE	i. Date (mm/dd/yyyy	<i>'</i>)	j. Amount
,				t		\$
			JAN 29 2016			\$
			Union Co. Board of Ele	ections		\$
4. Total only this	Page				\$	545.79
5. Total of ALL C	CRO-1230 Pages In line 8 of Detailed Summary Page CRO)-1100)			\$	545.79

Use this form to repo	rt refunds/rei	imbursements, including contribution	ons returned to the contrib	utor.		
1. Committee Full N	lame (and F	und if applicable)			2. I	D Number
Committee to Elect Tiffan	y McGee for To	wn Council			7JM	N25
3. Payec Informatio	n		dd 🗌 Remove			
a. Full Name, Mailing Ac	Idress & Phone		d. Type of Committee		b. O	riginal Receipt Date
(include city, state, & 2	zip)		Candidate	PAC		10/30/2015
Committee to Elect Pam D	DeMaria		Referendum	Party		
3905 Waters Reach Ln		•	e. Level Registered (Specify	y)	i. Or	iginal Receipt Amount
Indian Trail, NC 28079			Federal	County:	6	220.000
704 821 6577			State 🖂	Municipality:	\$	330.00/2
			f. Purpose Code		j. Ele	ection Sum to Date
			0		s	165.00
						103.00
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	ccount Code
Retired		YMCA			01	
I. Form of Payment	m. Required I	Remarks		n. Date (mm/dd/yyy	y)	o. Amount
Check	Newspaper Ad	i		11/18/2015		\$ 165.00
				11,10,2013	1000000000	
3. Payee Informatio	n	☐ A	4,535.44 24.5 			
a. Full Name, Mailing Ad	Idress & Phone		d. Type of Committee		h. O	riginal Receipt Date
(include city, state, & 2	cip)		Candidate	PAC		
			Referendum	Party		
			e. Level Registered (Specify	y)	i. Or	iginal Receipt Amount
			Federal	County:	\$	
			State	Municipality:	Ψ	
			f. Purpose Code		j, Ele	ection Sum to Date
		į.			\$	
b. Job Title/Profession		a Employada Nama/Canaiga Field	a Comments		I. A.	count Code
D. JOB THIC/Profession		c. Employer's Name/Specific Field	g. Comments		K. 211	reount Code
I. Form of Payment	m. Required I	Remarks	 	n. Date (mm/dd/yyy	v)	o. Amount
				, , , , , , ,	,	
						\$
3. Payee Information	n	□ A	dd 🔲 Remove			
a. Full Name, Mailing Ad	ldress & Phone		d. Type of Committee		h, O	riginal Receipt Date
(include city, state, & z	dp)		Candidate	PAC		
			Referendum	Party		
		DECEIVE	Bevel Registered (Specify	y)	i. Or	iginal Receipt Amount
		RECEIVE	Federal	County:	\$	
		JAN 29 201	State	Municipality:	ψ	
		TWA C 2 TO	f. Purpose Code		j. Ele	ection Sum to Date
		Halan On Deer			\$	
·		Union Co. Board o				
b, Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k, A	ccount Code
I. Form of Payment	m, Required I	Zomarke	<u> </u>	n. Date (mm/dd/yyy	n)	o. Amount
	m, Kequirea i	Cindi as		n. Date (minutary)	(6)	
					_	\$
4. Total only this Pa	ge				\$	165.00
and the second s	Contract to the state of the state of the state of	S (This line must be on line 16 of Detailed	Summary Page CRO-1100)		s	
L - Returned to Contribu		M - Overpayment for Service		Contribution Limit	1 ~	
P* - Reimbursement of	f In-Kind	O* Other			ng eng yang kar	
* Codes require detailed	explanation in 1	required remarks field (m)				

Refunds/Reimbursements From the Committee Pg 1

Amendment

									1	Ame	ndment		
Disbursements					Pg	1	of	<u>2</u>			Yes	\boxtimes	N

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fun				2. ID Number						
ATTRICTOR OF THE PARTY OF THE P	lect Tiffany McGee	*** **********************************			7JMN25						
- · · · · · · · · · · · · · · · · · · ·	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures										
4. Payee Inform		Contributions to Car	Add	Remove	ordinated Party Expenditures						
			b. Coordinated Committee Na		d. Comments						
i i	ng Address & Phone		D, Cooldmated Committee 148	ime	d. Comments						
(include city, state, GoFundMe	& 2ip)										
c/o Accel Partne	are		c. Level Registered (Specify)								
428 University	<i>.</i> 13		Federal Specify	County:							
Palo Alto, CA			State	Municipality:	e. Election Sum to Date						
www.gofundme	AOM			Muncipanty.	e. Election Suar to Date						
www.gorundine	.com				\$ 150.05						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
01	AutoWithdraw	0	10/27/2015	\$ 4.25	Transfer Fee						
01	AutoWithdraw	0	10/28/2015	\$ 4.25	Transfer Fee						
4. Payee Inform	ation		Add []	Remove							
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments						
(include city, state,	& zip)										
Gail Marie Furr											
1002 Horton Ric	dge Ct.		c. Level Registered (Specify)								
Indian Trail, NC	28079		Federal	County:							
704 684 1331		!	State 🖂	Municipality:	e. Election Sum to Date						
	•				\$ 66.40						
f. Account Code	g, Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
01	Check	I + O	11/18/2015	\$ 66.40	Stamps Postcards						
				\$							
4. Payee Inform	ation		Add	Remove							
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments						
(include city, state,	& zip)										
Pam DeMaria		RECEIVI	nom land		j						
1108 Hunters Tr	rail Dr.		- I I D !- (I /0 !6.)								
Indian Trail, NC		JAN 29 201	Federal	County:							
704 621 7336			☐ State 🖂	Municipality:	e. Election Sum to Date						
	Ü	nion Co. Board of E	iections -		\$ 8.54						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
01	Check	В	11/18/2015	\$ 8.54	Event signs/						
					forms						
				\$							
5. Total only thi					\$ 83.44						
	CRO-1310 Pages										
			if Operating Expenses)		\$ 458.13						
-	•) if Contrib to Candidates/Politics								
	(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)										
	es (List detailed exp										
A* - Media E - Salaries	B* - Printing	C* - Fund		D - To Anothe							
I - Postage	F* - Equipment J - Penalties	G - Politic K* - Offic	ai Party e Expenses		Public Office Expenses n to Legal Expense Fund						
O* - Other	o i chance	K - Onic	о пареносо	6 - Donation	to negat Expense Punu						
	e detailed explanati	on in required re	marks field (k)								

								Amen	dment	
Disbursements				Pg	<u>2</u>	of	<u>2</u>		Yes	\boxtimes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fun				2. ID Number
	lect Tiffany McGee	The state of the s			7JMN25
3. Type of Disb		se use separate C	RO-1310 forms for each ty		
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Coo	ordinated Party Expenditures
4. Payee Inform	nation		Add 🗌	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state, Tiffany McGee 5013 Singletree	& zip)		c. Level Registered (Specify)		,
Indian Trail, NO			Federal	County:	
704 287 1509			State 🖂	Municipality:	e, Election Sum to Date
, , , , _ , , , , , , , , , , , , , , ,				• •	\$ 374.69
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	-			1.	Flyers
01	Check	В	11/23/2015	\$ 374.69	1.70.0
				\$	
4. Payee Inform	ation		Add 🗍	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	_				
(merabe enty, same,	<u> </u>				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	•				-
				\$	
				\$	RECEIVED d. Commegtan 2 9 2018 Union Co. Board of France
4. Payee Inform	ation		Add	Remove	NECENTER
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	· =				JAN 29 2013
(include city, state,	ск ыру				linia- a
			c. Level Registered (Specify)		Union Co. Board of Elections
			Federal	County:	or Fieldlows
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	•				-
				\$	
				\$	
					0.74.60
5. Total only th	A COMPANY OF THE PARTY OF THE P				\$ 374.69
(This line goes in (This line goes in	line 13b of Detailed Sun	mary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 is Coordinated Barty Expendity		\$ 458.13
			0 if Coordinated Party Expenditu (E.) abova)	n es) Salamanan di kabupatèn	
A* - Media	es (List detailed ex B* - Printing	penditure code in C* - Fund		D - To Anothe	er Candidate
E - Salaries I - Postage O* - Other	F* - Printing F* - Equipment J - Penalties	G - Politic		H* - Holding	er Candudie Public Office Expenses n to Legal Expense Fund
	e detailed explanat	on in required r	emarks field (k)		

No

In-Kind Contributions		,	n- 1 .c		Yes No	
Use this form to report non-monetary contributions, donations, go	nods o		Pg <u>1</u> of res provided to th	<u>I</u> e comi		
Use CRO-1215 if In-Kind Contributions were or will be refunded				CCOIII	inuce of fund.	
1. Committee Full Name (and Fund if applicable)				2. ID Number		
Committee to Elect Tiffany McGee for Town Council				7JMN25		
				i		
3. Contributor Information Add	Remo	ve				
. Full Name, Mailing Address & Phone b. Type of			Contributor c. Co		nments	
(include city, state, & zip)		Indi	vidual			
Nancy Lynn Jacobsen		Candidate Candidate				
3905 Waters Reach Ln		Party	•			
Indian Trail, NC 28079		PAC				
704 821 6577	Referendum		d. Election Sum to Date			
		Othe	Other Receipt Source		\$ 426.89	
e. Description	f. D		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Postage			10/26/2015		\$.93	
		·			\$	
			- · · ·		\$	
3. Contributor Information Add	Remo	ve			l .	
a. Full Name, Mailing Address & Phone			ontributor	c. Cor	nmen(s	
(include city, state, & zip)	Individual			RECEIVE		
			didate		RECEIVE	
for Town Council		Party	'		JAN 29 2016	
3905 Waters Reach Ln	☐ PAC				JAN 2 3 2016	
Indian Trail, NC 28079			rendum d. El		ction Supplie Date	
704 821 6577		Other Receipt Source Cand. Committee			171.08	
e. Description			f. Date (mm/dd/yyyy)		g. Fair Market Amount	
Flyers			11/02/2015		\$ 171.08	
					\$	
					\$	
	Remo					
a. Full Name, Mailing Address & Phone	b. T		ontributor	с. Сог	nments	
(include city, state, & zip)	∤		vidual .			
Committee to Elect Roger Fish Mayor		Candidate				
3905 Waters Reach Ln Indian Trail, NC 28079	\parallel	Party PAC				
704 821 6577		Referendum		d. Election Sum to Date		
104 041 0311			Other Receipt Source			
			. Committee	\$	374.71	
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Newspaper Ad		·	11/05/2015	5	\$ 87.50	
Postage	-		10/21/201:	5	\$ 129.75	
Envelopes			10/21/201.		147.13	
Flyers			10/21/2014		¢ 157.46	

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

10/21/2015

\$

157.46

546.72

546.72



Kim Westbrook Strach Executive Director JAN 29 2016 Mailing Address Union Co. Bo P.O. Box 27255 Raleigh, NC 275 PC 1035 (919) 733-7173

Contribution from a Business Account Statement

This Statement allows a committee to accept a check from a business account where the contributor declares that they have no personal checking account and that the funds are their own personal funds.

I, <u>Gail Marie Furr</u> am the individual making the contribution of \$ <u>250.00</u> to the <u>Committee to Elect Tiffany McGee</u>. Committee.

The account from which the funds are drawn is in the name of M&W Marketing Int'l.

☐ Check if the contribution is a draft from a paycheck.

I do not have a personal checking account, in my name, from which this contribution could be made <u>or</u> this contribution is made as a result of a draft from personal funds. If the contribution is a draft, please include a written statement from the employer. This statement should be a signed agreement by the contributor that the funds drafted were derived from the personal salary of the contributor.

The funds from which this contribution is derived are my own personal funds and not that of any other individual or "business entity". For purposes of this **Statement**, the term "business entity" will include any "corporation, business entity, labor union, professional association, or insurance company".

I further understand that by signing this **Statement** I am declaring all of the above information is true and accurate. Signing this **Statement** with any portion <u>not</u> being true could result in a Class 2 Misdemeanor.

Signature of Contributor

Note to the treasurer: Please attach a photocopy of the check submitted with this Statement. Maintain this information in your records to be made available upon request.